

*Class Location and Time:*

## Friends Program

### RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP) BONE BUILDERS PROGRAM

#### PARTICIPANTS INFORMED RELEASE

I, the undersigned participant:

1. Certify that I am physically capable of participating in this activity.
2. Understand and confirm that I will choose the level of activity that will not harm me.
3. Assume all risks of injury incurred or suffered while on the premises where the program is being conducted.
4. For myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Friends Retired and Senior Volunteer Program, its sponsor, the Friends Program, the site where the RSVP BONE BUILDERS Osteoporosis exercise program is conducted, their agents, representatives, employees, volunteers, class instructors and assignees, for any and all injuries, or otherwise, arising out of or in any way connected to my participation in this exercise program.
5. Understand that the Friends Retired and Senior Volunteer Program strongly recommends that I maintain current accident and health insurance and that I seek advice from my health care provider before beginning this or any new exercise program.
6. Understand that, although I provided a physician's medical release before beginning this program, it is incumbent upon me to continue a regular practice of involving my health care provider for my ongoing health and safety.

**I have read the above informed consent, understand it and agree to it.**

**Name of Participant (Please Print)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Email** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **2<sup>nd</sup> Phone** \_\_\_\_\_